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STATE BOARD OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY
DOCKET NO.

IN THE MATTER OF THE SUSPENSION OR
REVOCATION OF THE LICENSE OF:

GUY WARREN HENRY, D.D.S.

LICENSED TO PRACTICE DENTISTRY IN
THE STATE OF NEW JERSEY

Administrative Action

FINAL DECISION AND ORDER

This matter was opened to the New Jersey State Board of Dentistry ("Board") upon the filing of a Notice of Motion for Enforcement of Board Order and Suspension of License by Deborah T. Poritz, Attorney General of New Jersey, by Kathy Rohr, Deputy Attorney General. In support of this motion were the following attached documents: the Certification of Kathy Rohr, Deputy Attorney General; the Consent Order entered by Dr. Guy Warren Henry and the Board of February 25, 1993; the Board's Order entered April 11, 1994; and the Order of the Board filed on November 17, 1994. The Board also considered the letters dated February 22, 1995, and March 27, 1995, from Frederick Rotgers, Psy.D., Staff Clinician of the New Jersey Dental Association Chemical Dependency Program ("C.D.P.") advising the Board that Dr. Henry had failed to provide a urine sample in the period of February 13 to February 24, 1995, and that he failed to obtain consent from the C.D.P. for an out-of-state vacation during that period as required by the Board's April 11, 1994, Order; a correspondence from the Board to Dr. Henry dated April 27, 1995, which advised Dr. Henry

that the Board would not tolerate any further breaches of its Orders by Dr. Henry; and a letter from Dr. Rotgers, dated May 25, 1995, which advised that the C.D.P. had received a laboratory report which revealed that Dr. Henry's May 11, 1995, urine specimen tested positive for the presence of cocaine along with the laboratory report. These pleadings alleged that Dr. Henry failed to comply with the terms and conditions of the Order filed with the Board on November 17, 1994, in that a laboratory report for a urine sampling provided by Dr. Henry on May 11, 1995, disclosed a confirmed positive urine test for cocaine.

The background information in this matter is extensive and necessary for a complete understanding of the issue concerning the allegation that Dr. Henry produced a confirmed positive urine specimen for the presence of cocaine. The procedural and factual history of the present matter are detailed in the Board's prior orders of February 25, 1993, April 11, 1994, and November 17, 1994, and are incorporated into this Order by reference herein.

This matter was initially opened to the Board upon receipt of information which disclosed that Dr. Henry had violated the statutes and regulations governing the practice of dentistry concerning the use of controlled dangerous substances in April to July 1992. In lieu of suspension of Dr. Henry's license, the Board entered into a Consent Order, filed February 25, 1993, with the respondent which continued licensure to Dr. Henry with certain restrictions and conditions. These conditions included, Dr. Henry's enrollment into the New Jersey Dental Association's C.D.P. and a urine monitoring program supervised by the C.D.P. which monitored his urine on a random, unannounced basis, twice weekly; continued therapy with Gerald E. Weinstein, M.D., of Princeton,

New Jersey and his attendance at meetings of support groups including the impaired professionals group and AA/NA. Further, the Consent Order prohibited Dr. Henry from prescribing or possessing any controlled dangerous substances except pursuant to a bona fide prescription written by a physician or dentist for good medical or dental cause and required Dr. Henry to perform fifty (50) hours of dental community service.

On or about March 7, 1994, the Board received information from Dr. Rotgers, of the C.D.P., disclosing a positive confirmed urine test for cocaine for Dr. Henry for a specimen taken on February 5, 1994. As a consequence of the positive test result, a hearing was held before the Board to determine whether Dr. Henry presented a danger to the public in that he had failed to comply with the terms and conditions of the February 25, 1993, Consent Order. At the hearing, the respondent testified that he had not abused drugs since 1992. He further testified that he and his attorney had planned to file a request to modify some of the terms of the Consent Order. Dr. Henry explained that on a Saturday, he went to visit neighbors who offered him cocaine which he took without thinking of the consequences. He further maintained that this was his only episode of drug use in sixteen (16) months. Additionally, Dr. Henry presented testimony concerning his family background, including an alcoholic father and the attendant family problems.

The Board, in finding that Dr. Henry was not yet in sufficient recovery and in order to assure that he continued towards full recovery, ordered that the license of Dr. Henry to practice dentistry in New Jersey be suspended for a period of five (5) years.

The entire five (5) year period of suspension was stayed and constituted a probationary period as long as Dr. Henry complied with all of the terms of the Board's April 11, 1994, Order. Additionally, the Board ordered the respondent's continued participation in the C.D.P. and its urine monitoring program with certain conditions. Specifically, the April 11, 1994 Order required Dr. Henry to submit to twice weekly urine monitoring utilizing a forensic chain of custody protocol unless he notified the Board in writing that he elected not to utilize the forensic chain of custody protocol and that he waived any defense that assert a positive urine sample was not his sample. By letter dated April 15, 1994, counsel for Dr. Henry, Pamela Mandel, Esquire, advised the Board that Dr. Henry elected not to use the forensic chain of custody protocol and waived the defense he might asserted that a positive urine sample was not his sample.

Moreover, the Order of April 11, 1994, further required the respondent to attend support groups as recommended by his treating psychiatrist and to continue in therapy and to have his medication monitored as recommended by his treating psychiatrist. Finally, the Order prevented the respondent from prescribing or possessing controlled dangerous substances except under defined conditions and required Dr. Henry to perform two hundred (200) hours of dental community service. The Order, which superseded any and all provisions of the Board's prior Order of February 25, 1993, specifically provided that Dr. Henry's continued licensure with restrictions was expressly contingent upon strict compliance with all of the conditions.

On or about September 16, 1994, the Board was advised of information received from Dr. Rotgers that the C.D.P. had received a

laboratory report disclosing a positive confirmed urine test for cocaine for Dr. Henry for a sample taken on August 28, 1994. A hearing was held by the Board on September 28, 1994, which was supplemented by additional documentation submitted by Dr. Henry on November 2, 1994. On, September 28, 1994, the return date of a Notice of Motion For Enforcement of Board Order and Suspension of License filed by the Attorney General's Office, the Board addressed two separate allegations against Dr. Henry which were considered violations of the terms and conditions of the Board's April 11, 1994, Order. The first issue involved the allegation that Dr. Henry, having experienced a relapse for cocaine use in March 1994, had experienced a second relapse for cocaine use as evidenced by a confirmed positive urine sample that had been provided by Dr. Henry on August 28, 1994. The second issue concerned an allegation that the respondent had not attended any support group sessions as required by the Board's April 11, 1994, Order.

Subsequent to the hearing, the Board considered additional documentation submitted November 2, 1994. The Board concluded that Dr. Henry had failed to comply with two (2) substantive terms of the Order filed with the Board on April 11, 1994, in that he provided a urine specimen on August 28, 1994, that tested positive for the presence of cocaine and that since the time of the filing of the April 11, 1994, Order to September 28, 1994, the date of the hearing, the respondent had failed to attend the Rational Recovery Support Group at least once a week, as expressly required.

The Board found that, for the purposes of deterring Dr. Henry from violating the Board's Order and for the protection of the

public, there was a basis for ordering sanctions against the respondent in light of his failure to comply with the Board's Order of April 11, 1994. The Board directed, in an Order filed November 17, 1994, that the license of Dr. Henry to practice dentistry in New Jersey was suspended for the period of five (5) years, ninety (90) days of which was an active suspension which commenced on November 30, 1994 through February 28, 1995. The remaining period of the suspension was stayed by the Board and constituted a probationary period so long as Dr. Henry complied with all of the terms of the Board Order.

The November 17, 1994, Order further mandated similar restrictions and conditions on Dr. Henry's licensure as the April 1994 Order in the areas of continued participation in the C.D.P. and a monitoring program, continued therapy, the prohibition of the respondent from prescribing or possessing controlled dangerous substances except under defined conditions and the requirement of dental community service. Finally, this Order, as the previous Orders, directed that the respondent's continued licensure with restrictions as ordered in the Board's November 17, 1994, Order was contingent upon strict compliance of all of the conditions.

By correspondences dated February 22, 1995 and March 27, 1995, the Board was advised by Dr. Rotgers of the C.D.P., that Dr. Henry had failed to provide a urine sample during the period of February 13 to February 24, 1995, and that he had failed to obtain consent from the program for an out-of state vacation during that period. The Board issued the respondent a warning in a correspondence dated April 27, 1995. The Board notified Dr. Henry that he

... must comply with each and every
term and condition set forth in

Board's Orders. No further breaches of the Orders of the Board will be tolerated. Any future notification of your failure to comply with the Board's Orders will result in a referral to the Division of Law for appropriate action.

On or about May 25, 1995, the Board received information from Dr. Rotgers advising that the Program had received a laboratory report from Bendiner and Schlesinger disclosing a positive confirmed urine test for cocaine for the respondent subsequent to the testing of his May 11, 1995, specimen. As a consequence of this test result, a hearing was held before the Board on June 21, 1995, to determine whether Dr. Henry presented a danger to the public in that he has not complied with the terms and conditions of the Board's November 17, 1994, Order. The respondent was represented by Pamela Mandel, Esquire. The Attorney General of New Jersey appeared through Kathy Rohr, Deputy Attorney General. D.A.G. Rohr advised the Board of the procedural history in this matter. Further, she advised the Board of the test results regarding Dr. Henry's May 11, 1995, urine sample and the allegations against the respondent which were deemed to be violations of the terms and conditions of the Board's November 17, 1994, Order. The deputy contended that Dr. Henry, having experience a relapse for cocaine use in March 1994 and a second relapse in August 1994, had experienced a third relapse for cocaine use as evidenced by a confirmed positive urine sample that had been provided by Dr. Henry on May 11, 1995. She argued that this relapse not only constituted a breach of prior consent orders but also reflected a pattern of drug use.

Dr. Henry testified on his own behalf at the June 21, 1995, hearing. He denied having used cocaine and indicated that he was surprised that the May 11, 1995, sample tested positive for cocaine. Dr. Henry indicated that he had expected to be called in on or about May 11, 1995, to provide a urine sample, thus, he again denied having used cocaine during that time period since it would jeopardize his progress. Additionally, Dr. Henry advised the Board that he has worn braces since July 1994 and that he continues to receive therapy. During Dr. Henry's testimony, counsel representing the respondent acknowledged that the respondent had his May 11, 1995, urine sample retested at a different laboratory. The parties then stipulated that the respondent's May 11, 1995, urine sample was positive for cocaine. Dr. Henry during his testimony did not offer or provide an explanation for the positive results of the May 11, 1995, urine sample.

Darla Braden also provided testimony to the Board in this matter. She advised the Board that she has known Dr. Henry for approximately two (2) years. She indicated that she was not a patient of the respondent. Mrs. Braden further testified that she is married, and that she has had an extra-marital affair with Dr. Henry for approximately a year and a half.

Mrs. Braden maintained that Dr. Henry dislikes drugs and abstains from the use of alcohol. She asserted that she has used cocaine and other illegal drugs. Mrs. Braden testified that Dr. Henry was unaware of her use of drugs. Mrs. Braden further testified that she and Dr. Henry had spent the night of May 9, 1995, together. She indicated that she had ingested cocaine on that date through her nose and by rubbing the drug on her gums. Mrs. Braden maintained that she

and the respondent spent the night together from approximately 8:00 p.m. on May 9, 1995, to the next morning and had exchanged saliva through kissing during this time. Later, according to Mrs. Braden, Dr. Henry notified her that his May 11, 1995, urine sample had tested positive for cocaine. Mrs. Braden testified that she contacted the respondent's attorney and advised her of her activities with Dr. Henry on May 9, 1995.

Lois Grigsby also provided testimony before the Board in this matter on behalf of the respondent. Mrs. Grigsby indicated that she worked for Dr. Henry in his office for over a year. She explained that she would continue to work for the respondent for a few more weeks before she and her husband relocated to Florida. Mrs. Grigsby testified that she was aware of the respondent's drug history and scrutinized his behavior because of his prior difficulties. Mrs. Grigsby maintained that during the month of May 1995, Dr. Henry's behavior and demeanor was appropriate. According to Mrs. Grigsby, Dr. Henry was on time for work, cared for his patients and was professional, kind and responsible. She testified that she saw no signs or symptoms of drug use. Finally, Mrs. Grigsby indicated that she had recommended the respondent to friends for dental services.

Counsel for Dr. Henry introduced a letter from David Perini, Laboratory Administrator, Forensic Toxicology of Roche Biomedical Laboratories, dated June 20, 1995, into evidence at the hearing for the Board's review. This correspondence advised the Board that cocaine can be absorbed through mucous membranes. Further, the letter indicated that if enough cocaine is absorbed, it can be detected through a urine drug screen, however, factors, such as the

particular mucous membranes involved, the duration of the exposure and the purity of the cocaine, all influence the results of the drug test. Although the respondent acknowledges that his May 11, 1995, urine sample was positive for cocaine, he sought an opportunity to prove that the finding resulted from his intimate contact with Mrs. Braden, thus absolving him of any responsibility since he did not knowingly ingest cocaine.

The Deputy Attorney General argued that the issue was not the method in which Dr. Henry ingested the illegal drug which resulted in his May 11, 1995, urine sample testing positive for cocaine. Rather, the Deputy Attorney General emphasized that the Board's Order of November 17, 1994, expressly provided that Dr. Henry's continued licensure with restrictions as ordered was contingent upon his strict compliance with all of the conditions. The Order provided that upon the Board's receipt of any information indicating that any term of the Order had been violated, a hearing would be held. The proofs at such hearing were ordered to be

. . . limited to evidence of the particular violation at issue. Any confirmed positive urine test shall be presumed valid, and respondent shall bear the burden of demonstrating its invalidity.

Thus, the Deputy Attorney General argued, the burden was on Dr. Henry to prove the invalidity of the May 11, 1995, positive urine test. Dr. Henry acknowledged that the test result was valid. Since he had failed to carry this burden, the Deputy Attorney General maintained, the Board should impose appropriate sanctions. Further, the Deputy Attorney General argued that the respondent should not be permitted additional time within which to prove that the May 11, 1995, positive

test sample resulted from his intimate contact with Mrs. Braden because the respondent was provided with ample notice of the June 21, 1995, hearing date. As such, the deputy argued that any and all proofs were required to be presented on June 21st.

The Board conducted its deliberations of the record before it in Executive Session on June 21, 1995. The Board was not convinced or persuaded by the respondent's argument that he should be provided the opportunity to prove how his May 11, 1995, urine sample was positive for cocaine. According to the terms of the Order of November 17, 1994, any confirmed positive urine test shall be presumed valid and Dr. Henry shall bear the burden of demonstrating its validity.

The Board specifically rejects the respondent's request to present evidence as to how cocaine was introduced into his system thereby causing his May 1995 urine sample to test positive for cocaine. While the Board does not make a determination as to how cocaine was introduced into the respondent's system in May 1995, the Board finds the respondent's explanation strains credulity. The Board finds that the mere existence of a positive urine sample for Dr. Henry is cause for great concern given Dr. Henry's past difficulties.

Additionally, the Board finds that the respondent had sufficient notice of the hearing notice and ample time within which to present any evidence he so desired. The Notice of Motion was filed and served on the respondent on or about May 31, 1995. The Board finds that Dr. Henry failed to produce any evidence of a substantive defense. The evidence presented by the respondent convinced the Board that Dr. Henry violated prior Board Orders and utilized cocaine for the third time. Further, the Board concludes that the document

introduced into evidence at the June 21, 1995, hearing by Dr. Henry, from David Perini, Laboratory Administrator of Roche Biomedical Laboratories, was insufficient evidence to prove how cocaine was introduced into his system thereby causing his May 11, 1995, urine sample to test positive for the drug. Again, the Board finds that the respondent had sufficient notice of the hearing notice and ample time within which to present sufficient and competent evidence.

Thus, the Board further finds there is a basis for ordering sanctions against the respondent in light of his failure to comply with the Board's Order of November 17, 1994. That Order permitted Dr. Henry to remain in practice only so long as he complied with the terms and conditions placed on his licensure and that any lapse in Dr. Henry's conduct would be reported immediately to the Board. The Board finds it necessary to impose sanctions in this matter for the purposes of deterring the respondent from violating the Board's Order and for the protection of the public. The Board continues to believe that the unlawful use and possession of illicit drugs by its licensees presents a serious threat to the health, safety and welfare of dental patients. Since the respondent's conduct disregarded the Board's prior Order, and because of his history of multiple relapses of the use of illegal drugs and his continuing pattern of this misconduct, the Board finds it again necessary to impose sanctions for the public's protection. Therefore, in accordance with the Board's findings herein and for other good cause shown,

IT IS ON THIS 26th DAY OF JULY 1995,
HEREBY ORDERED THAT:

1. The license of Guy Warren Henry, D.D.S., to practice dentistry in the State of New Jersey shall be and is hereby suspended for a period of five (5) years, the remaining period of four (4) years and nine (9) months of which shall be active suspension and shall commence on July 26, 1995. He shall comply with the Directives applicable to disciplined licensees which are attached hereto.

a. At the conclusion of the active suspension period and prior to returning to the practice of dentistry, respondent shall submit to an examination by Dr. Glat to evaluate whether respondent is fit to resume the practice of dentistry.

2. Respondent shall continue participation in the New Jersey Dental Association Chemical Dependency Program (C.D.P.) and shall comply with a monitoring program supervised by C.D.P. which shall include, at a minimum, the following conditions:

(a) Respondent shall have his urine monitored under the supervision of the C.D.P. on a random, unannounced basis, twice weekly. The urine monitoring shall be conducted with direct witnessing of the taking of the samples either from a volunteer or drug clinic staff as arranged and designed by the C.D.P. The initial drug screen shall utilize the EMIT technique and all confirming tests and/or secondary tests will be performed by gas chromatography/mass spectrometry (G.C./M.S.). The testing procedure shall include a forensic chain of custody protocol to ensure sample integrity and to provide documentation in the event of a legal challenge. The C.D.P. shall be responsible to ensure that all urine samples are handled by a laboratory competent to provide these services.

All test results shall be provided in the first instance directly to the C.D.P., and any positive result shall be reported immediately by the C.D.P. to Agnes Clarke, Executive Director or the Board, or her designee in the event she is unavailable. The Board also will retain sole discretion to modify the manner of testing in the event technical developments or individual requirements indicate that a different methodology or approach is required in order to guaranteed the accuracy and reliability of the testing.

Any failure by the respondent to submit or provide a urine sample within twenty-four (24) hours of a request will be deemed to be equivalent to a confirmed positive urine test. In the event the respondent is unable to appear for a scheduled urine test or provide a urine sample due to illness or other impossibility, consent to waive that day's test must be secured from Dr. Frederick Rotgers or Dr. Barbara McCrady of the C.D.P. Neither the volunteer nor drug clinic staff shall be authorized to consent to waive a urine test. In addition, respondent must provide the C.D.P. with written substantiation of his inability to appear within two (2) days, e.g., a physician's report attesting that the respondent was so ill that he was unable to provide the urine sample or appear for the test. "Impossibility" as employed in this provision shall mean an obstacle beyond the control of the respondent that is so insurmountable or that makes appearance for the test or provision of the urine sample so infeasible that a reasonable person would not withhold consent to waive the test on that day. The C.D.P. shall advise the Board of every instance where a request has been made to waive a urine test together with the Program's determination in each such case. The

Board may, in its sole discretion, modify the frequency of testing or method of reporting during the monitoring period.

(b) The C.D.P. shall provide quarterly reports to the Board in regard to its monitoring of respondent's program as outlined herein including, but not limited to, the urine testing and the attendance at support groups. The Program shall attach to its quarterly reports any and all appropriate reports and/or documentation concerning any of the monitoring aspects of the within program.

(c) Respondent shall continue in therapy on a biweekly basis and shall have his medication monitored at a frequency as recommended with Gerald E. Weinstein, M.D. of Princeton, New Jersey. Respondent shall cause Dr. Weinstein to provide quarterly reports directly to the Board with respect to his attendance and progress in therapy.

(d) Respondent shall not prescribe controlled dangerous substances nor shall he possess such substances except pursuant to a bona fide prescription written by a physician or dentist for good medical or dental cause. Respondent shall cause any physician or dentist who prescribed medication which is a controlled dangerous substance to provide a written report to the Board together with patient records indicating the need for such medication. Such report shall be provided to the Board no later than seven (7) days subsequent to the prescription in order to avoid confusion which may be caused by a confirmed positive urine test as a result of such medication.

(e) Respondent shall provide appropriate releases to any and all parties who are participating in the monitoring program as outlined herein as may be required in order that all reports, records,

and other pertinent information may be provided to the Board in a timely manner.

3. All costs associated with the monitoring program as outlined herein shall be paid directly by the respondent.

4. Prior to filing a petition for reinstatement of his licensure in the State of New Jersey to practice dentistry, the respondent shall submit to a psychological evaluation by a licensed psychologist to be selected by the Board.

5. This Order shall supersede any and all provisions of the Board's prior Order of November 17, 1994.

STATE BOARD OF DENTISTRY

By:


Stephen Candio, D.D.S., President

DIRECTIVE REGARDING FUTURE ACTIVITIES
OF BOARD LICENSEE WHO HAS BEEN SUSPENDED/
REVOKED AND USE OF THE PROFESSIONAL PREMISES

A practitioner whose license is suspended or revoked or whose surrender of license with or without prejudice has been accepted by the Board shall conduct him/herself as follows.

- 1) Promptly deliver to the Board the original license and current biennial registration and, if authorized to prescribe drugs, the current State and Federal Controlled Dangerous Substances registrations.
- 2) Desist and refrain from the practice of dentistry in any form either as principal or employee of another licensee.
- 3) Inform each patient at the time of any inquiry of the suspended or revoked or retired status of the licensee. When a new licensee is selected by a patient, the disciplined practitioner shall promptly make available the original or a complete copy of the existing patient record to the new licensee, or to the patient if no new licensee is selected. Such delivery of record does not waive any right of the disciplined practitioner to claim compensation earned for prior services lawfully rendered.
- 4) Not occupy, share or use office space in which another licensee practices dentistry.
- 5) Desist and refrain from furnishing professional dental services, giving an opinion as to the practice of dentistry or its application, or any advice with relation thereto; and from holding him/herself out to the public as being entitled to practice dentistry or in any way assuming to be a practicing professional or assuming, using or advertising in relation thereto in any other language or in such a manner as to convey to the public the impression that such person is a legal practitioner or authorized to practice dentistry. This prohibition includes refraining during the period of suspension or revocation from placement of any advertisement or professional listing in any advertising medium suggesting eligibility for practice or good standing.
- 6) Cease to use any stationery whereon such person's name appears as a dentist in practice. If the practitioner was formerly authorized to issue written prescriptions for medication or treatment, such prescription pads shall be destroyed if the license was revoked. If the license was suspended, the prescriptions shall be destroyed or shall be stored in a secure location to prevent theft or any use whatsoever until issuance of a Board Order authorizing use by the practitioner. Similarly, medications possessed for office use shall be lawfully disposed

of, transferred or safeguarded.

7) Not share in any fee for dental services performed by any other licensee following the suspension, revocation or surrender of license, but the practitioner may be compensated for the reasonable value of the services lawfully rendered and disbursements incurred on the patient's behalf prior to the effective date of the suspension, revocation or surrender.

8) Use of the professional premises. The disciplined licensee may allow another licensee to use the office premises formerly occupied by the disciplined licensee on the following conditions only:

(a) The new licensee shall conduct the practice in every respect as his/her own practice including billings, claim forms, insurance provider numbers, telephone numbers, etc.

(b) The disciplined licensee may accept no portion of the fees for professional services rendered by the new licensee, whether by percentage of revenue, per capita patient, or by any other device or design, however denominated. The disciplined licensee may, however, contract for or accept payment from the new licensee for rent (not exceeding fair market value) of the premises and either dispose of or store the dental material and equipment, but in no event shall the disciplined licensee, on the basis of a lease or any other agreement for compensation place in the possession of any operator, assistant or other agent such dental material and equipment, except by a chattel mortgage.

(c) No use of name of disciplined licensee or personally owned office name or tax- or provider identification number.

1. Where the disciplined licensee was using an individual IRS number or where the licensee was the sole member of an incorporated professional association or a corporation, the disciplined licensee may contract to rent the office premises to a new practitioner. The new practitioner must use his/her own name and own provider number on all bills and insurance claim forms. Neither the name nor the number of the disciplined licensee may be used. When the license of a sole practitioner has been revoked, a trade name must be cancelled and a professional service corporation must be dissolved.

2. Where the disciplined licensee is a

member of a professional group which uses a group-type name such as the ABC Dental Group, the disciplined licensee must arrange to have his/her name deleted, covered up or otherwise obliterated on all office signs, advertisements published by the group after the effective date of the Board disciplinary Order and on all printed billings and stationery. The other group members may continue to function under the incorporated or trade name, minus the name of the disciplined licensee, and may continue to use its corporate or professional identification number.

(9) Report promptly to the Board compliance with each directive requiring moneys to be reimbursed to patients or to other persons or third party payors or to any court, and regarding supervisory reports or other special conditions of the Order.

(10) A practitioner whose license is surrendered, revoked or actively suspended for one year or more shall conduct him/herself as follows:

- 1) Promptly require the publishers of any professional directory and any other professional list in which such licensee's name is known by the disciplined licensee to appear, to remove any listing indicating that the practitioner is a licensee of the Board in good standing.

- 2) Promptly require any and all telephone companies to remove the practitioner's listing in any telephone directory indicating that such practitioner is a practicing professional.

(11) A practitioner whose practice privileges are affected by a Board disciplinary Order shall, within 90 days after the effective date of the Board Order, file with the Executive Director of the Board a detailed affidavit specifying by correlatively lettered and numbered paragraphs how such person has fully complied with this directive. The affidavit shall also set forth the residence or other address and telephone number to which communications may be directed to such person. Any change in the residence, address or telephone number shall be promptly reported to the Executive Director.